

Company Name:			
Address:			
City:	State/Province:		
Zip/Postal Code:	Cou	ntry:	
Telephone Number:	Fa	ıx Number: _	
Number of Participants:			
Name of Participant	Phone Nu	mber	Email Address
Course Name:			
Date of Course:			
Method of Payment (chec Cheque enclosed Thinkage 85 McInt	ck one): — Please mail this form	with cheque	_ Total Due (plus applicable taxes) to:
Credit Card – Ple	ease fax this completed	form to 519-8	895-1860
Check or	ne: Visa Mast	ter Card A	American Express
Name of	Credit Card Holder:		
Credit Ca	ard Number:		
Expiry: _	/		
Billing A	Address:		
	l purchase order. Note:		19-895-1860. If possible, attach a payment is only available to existing

Purchase Order Number:	
Authorized Signature:	